

Office of Administration

Commissioner's Office

"Request for Preauthorization for Other Services"

Program: Alternatives to Abortion

Contractor: LCPSC

Subcontractor: _____

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Client Name [REDACTED] Date Enrolled 9/14/2016

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
1/11/2017	Car needs alternator replaced	\$275.00	[REDACTED] depends on her car for appointments and to take her children to the doctor and WIC; no other funding available
Amt to be reimbursed		275.00	

Please return to Alternatives to Abortion Program Manager, State of Missouri – Office of Administration, Commissioner's Office, State Capitol Building, Room, 125, Jefferson City, MO 65101. May be faxed to 573/751-1212 or emailed to emily.kraft@oa.mo.gov <mailto:Karen.Schenk@dhss.mo.gov> by the Contractor only!

Thank you.

Authorized person requesting purchase: Abigail Chisom

Approved for purchase: Emily Kraft Date 1/10/17

Purchase denied: _____ Date _____

Reason for denying purchase: _____

STARNES AUTO LLC
22115 RT 66
PO BOX 687
LEBANON MO 65536
417-588-3159
417-588-4100 FAX

January 9, 2017

RE: [REDACTED] Vehicle Repairs

To whom it may concern,

The following is the estimate for the initial repair that is necessary before we can further diagnose the issues at hand.

REPAIR #1: Alternator

Part (tax exempt) and Labor totals \$275.

Thank you,

Kim Palmer, Agent